

## ENVIRONMENTAL COMPLIANCE PLAN

### EMERGENCY RESPONSE PLAN II: Emergency Equipment

List the emergency equipment you have on-site (check all that apply):

| EQUIPMENT CATEGORY   | EQUIPMENT TYPE  | LOCATION* | DESCRIPTION **<br>(specify the frequency/procedures for equipment testing/maintenance) |
|--|---|-----------|--|
| <b>PERSONAL PROTECTIVE EQUIPMENT, SAFETY EQUIPMENT AND FIRST-AID EQUIPMENT</b> | <input type="checkbox"/> Cartridge Respirators                      |           |  |
|  | <input type="checkbox"/> Chemical Monitoring Equipment (describe)   |           |  |
|  | <input type="checkbox"/> Chemical Protective Apron/Coats            |           |  |
|  | <input type="checkbox"/> Chemical Protective Boots                  |           |  |
|  | <input type="checkbox"/> Chemical Protective Gloves                 |           |  |
|  | <input type="checkbox"/> Chemical Protective Suits (describe)       |           |  |
|  | <input type="checkbox"/> Face Shields                               |           |  |
|  | <input type="checkbox"/> First-Aid Kits/Stations (describe)         |           |  |
|  | <input type="checkbox"/> Hard Hats                                  |           |  |
|  | <input type="checkbox"/> Plumbed Eye Wash Stations                  |           |  |
|  | <input type="checkbox"/> Portable Eye Wash Kits (i.e., bottle type) |           |  |
|  | <input type="checkbox"/> Respirator Cartridges (describe)           |           |  |
|  | <input type="checkbox"/> Safety Glasses/Splash Goggles              |           |  |
|  | <input type="checkbox"/> Safety Showers                             |           |  |
|  | <input type="checkbox"/> Self Contained Breathing Apparatus (SCBA)  |           |  |
| <b>FIRE EXTINGUISHING SYSTEMS, SPILL CONTROL EQUIPMENT AND DECON EQUIPMENT</b> | <input type="checkbox"/> Automatic Fire Sprinkler Systems           |           |  |
|  | <input type="checkbox"/> Fire Alarm Boxes/Stations                  |           |  |
|  | <input type="checkbox"/> Fire Extinguishing System (describe)       |           |  |
|  | <input type="checkbox"/> Absorbents (describe)                      |           |  |
|  | <input type="checkbox"/> Berms/Dike (describe)                      |           |  |
|  | <input type="checkbox"/> Decontamination Equipment (describe)       |           |  |
|  | <input type="checkbox"/> Emergency Tanks (describe)                 |           |  |
|  | <input type="checkbox"/> Exhaust Hoods                              |           |  |
|  | <input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)   |           |  |
|  | <input type="checkbox"/> Neutralizers (describe)                    |           |  |
|  | <input type="checkbox"/> Overpack Drums                             |           |  |
|  | <input type="checkbox"/> Sumps (describe)                           |           |  |
| <b>COMMUNICATIONS AND ALARM SYSTEMS</b>  | <input type="checkbox"/> Chemical Alarms (describe)                 |           |  |
|  | <input type="checkbox"/> Intercoms/PA Systems                       |           |  |
|  | <input type="checkbox"/> Portable Radios                            |           |  |
|  | <input type="checkbox"/> Telephones                                 |           |  |
|  | <input type="checkbox"/> UST Leak Detection Monitors                |           |  |
| <b>ADDITIONAL EQUIPMENT</b>  |   |           |  |
|  |   |           |  |
|  |   |           |  |
|  |   |           |  |
|  |   |           |  |

\* If appropriate, use the location codes from your Facility Map(s).

\*\* Describe this equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals.